

Return To
Name:
Address:
City, State, Zip:

Wastewater Treatment System Commercial Addendum
Gallatin City-County Health Department
Environmental Health Services

- 1) Legal description of proposed wastewater treatment system: ____¹/₄____¹/₄ Section ____ Township ____ Range ____
Subdivision: _____ Lot/Tract/Parcel: _____ Block _____
Certificate of Survey/Minor Subdivision Number: _____ Size of Parcel: _____ acres
- 2) Describe the nature of the commercial business to be serviced by the system. Be specific. _____

- 3) Total number of persons using this system must be 24 or less per day. Describe in detail how the number of people using the system(s) (employees & customers) will be limited to 24 or less per day: _____

- 4) What quantity & type of wastewater will be generated by the facility? Be specific & show calculations.
Maximum # of Employees: _____ Gallons per day: _____ Total gallons per day
Maximum # of Customers: _____ Gallons per day: _____ for the system: _____
Type of wastewater: *Residential* _____ *Other* _____ (Describe _____)
- 5) Will this proposed septic system receive wastewater from a food service establishment? _____ If yes, describe number and size of grease traps. _____
- 6) Will there be any floor drains attached to the septic system? _____ (If yes, contact GCCHD to discuss EPA requirements.)

Property Owner at time of application (**Print**): _____

I (We) hereby certify under penalty of perjury that I (we) am the legal owner(s) of the above real property and that the information above is true, complete, accurate and correct to the best of my (our) knowledge. I give EHS permission to file this form with the parcel in the Clerk and Recorder's Office before final approval will be given.

Property Owner's Signature _____ Date _____

Notary:

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____

Signature of notarial officer
Printed Name _____
Notary Public for the State of _____
Residing at _____
My commission expires _____

EHS Use Only: Approved Permit # _____ for _____ Bedrooms and/or _____ GPD
The septic system for the above mentioned location shall only service the above mentioned commercial venture and shall not serve more than 24 people daily for more than 60 days per year. Changes in the commercial use of the property as described above will require a review by the Gallatin City-County Health Department to determine if the proposed commercial use is compatible with all county and state rules regulating the installation and use of the wastewater treatment system in question.

Approved by: _____ Date: _____

Sample Notary Blocks for Commercial Addendums

1. If the **property owner is NOT the name of a business** and **the person is signing in an individual capacity** – use the following:

Notary:

State of _____ County of _____

This instrument was acknowledged before me on _____ **Date** _____ by _____ **name(s) of person(s)** _____

Signature of notarial officer

Printed Name

Notary Public for the State of

Residing at

My commission expires

2. If the **property owner is the name of a business** and/or **the person is signing in a representative capacity** – use the following:

Notary:

State of _____ County of _____

This instrument was acknowledged before me on _____ **Date** _____ by _____ **name(s) of person(s)** as _____ **Type of Authority e.g. officer, trustee, president, etc.)** _____ of _____ **Name of party on behalf of whom the instrument was executed** _____.

Signature of notarial officer

Printed Name

Notary Public for the State of

Residing at

My commission expires

Very Important: Use a 4 digit year – 2009 not 09

If the notary block is not correct or it is not a 4 digit year – the application process will be delayed.